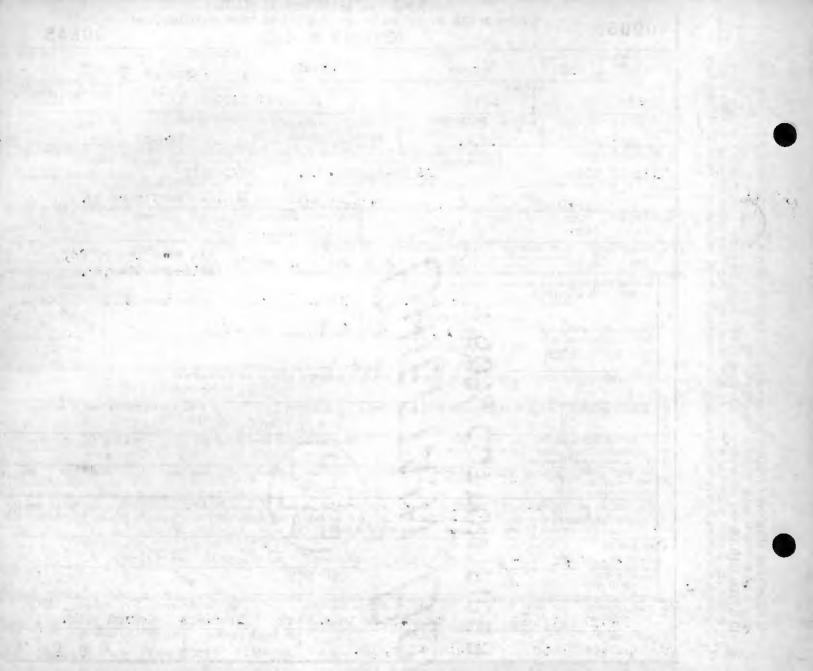
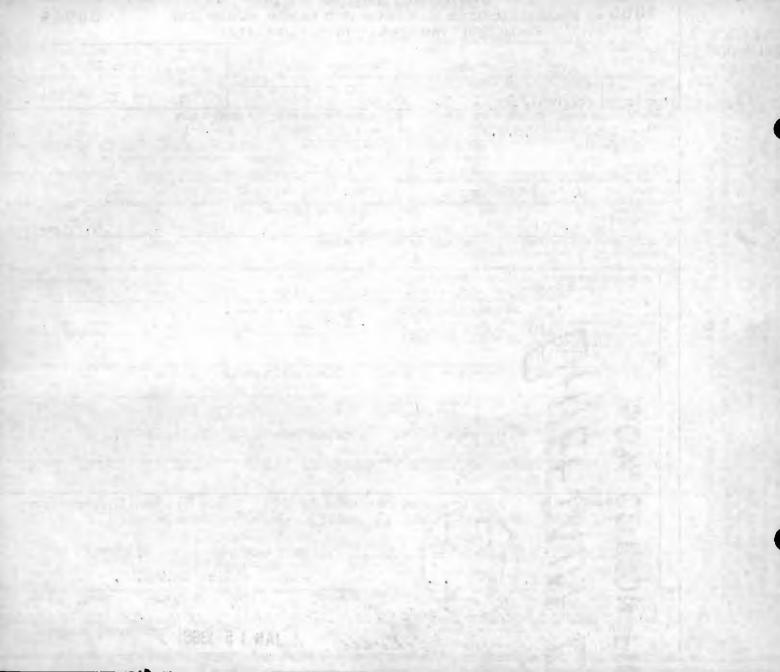
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hauld be executed within 24 haurs ward "pending" in pencil in Item 18 the Chief Medical Examiner's Office rrial-transit permit. File pages 1 and 2 n any event within 72 haurs after d	14. FATHER'S NAME	First	Middle	Last		R'S MAIDEN NAME	First	777	Mid	The state of the	/ / / /	Last	7
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ro DEPUTY DICAL E necessary, please exect the funeral directar. Pa 5 may be retained far 10 FUNERAL DIRECTOR: Health prior to buriat,	NAME (Type		Edward F	Wilson	M.D.	ADDRESS(Street	l, city, tow	n, or coul	nty)				
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0 g ± 2 0	Ī	230.	BURIAL, CREMA BEMOVAL (Speci	(4)			NAME OF CEME	TERY OR CREA	MATORY		23d.	LOCATION (City or Tov	vn)	(County)	cet.	ate)			
		24.	THE PARTY PARTY	0.0	10	11-11	ADDRESS	7	1	2Sa. REC'D	BY REG		25b. RE	GISTRAR	SIGNATU		1			
VR A15MI TOM REV.	1/68 D	HI	ginbolh	m-5/AL		211	160th C.	9 19	d.	DATE	22	1969	to	icony	A Can	Labor				
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1 1	MARTLAND STATE DEPARTMENT OF HEALTH O 0 9 5 & DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0949								
R STATE	Items#2a, FilmGlo9MEDICALEXAMINER'S CERTIFICATE OF DEATH	6039								
H DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN TO Month Day OF ESTI-	Yeor 2b, HOUR								
0	Anna Mac Germany Death Marted Jan . 12 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I if under 1 Year I if under 24 HS) 2c. DATE PRONOUNCED DEAD	1909 M								
	last hathdray MONTUS DAVE MOUNTS MOUNTS	ear 19 69 M								
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH									
	country Maryland U.S.A. WIDOWED DIVORCED Howard	Md								
1	Jessup give street oddress Box 82A Rt#1 during mast of working life, even if retired.) INDUST	IND OF BUSINESS OR TRY								
3	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY-OWARD 13b COUNTY-OWARD 13c STREET AND NUMBER 13c STREE									
1	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle MARTIN ANNA MAR MIDE	'tals								
	JOSEPH MARTIN HNNA MAE M. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Tchel								
	(Yes, no, ar unknown) (If yes give war or dates of service)									
-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH								
1	PART I DEATH WAS CAUSED BY IS RONCHOPNEUMONIA	arub								
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which gave is to immediate couse (a). (b) MULTUPLE SCLETOS (S	yrs.								
	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	O. AUTOPSY?								
-	WAS PERFORMED?	YES NO								
	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 21d. INJURY OCCURRED 12 in Place OF INJURY May home form street 19 21d. INJURY OCCURRED 12 in Place OF INJURY May home form street 19 21d. INJURY OCCURRED 12 in Place OF INJURY May home form street 19 21d. INJURY OCCURRED 12 in Place OF INJURY May home form street 19 21d. INJURY OCCURRED 12 in Place OF INJURY May home form street 19 21d. INJURY OCCURRED 12 in Place OF INJURY May home form street 19 21d. INJURY OCCURRED 12 in Place OF INJURY May home form street 19 21d. INJURY OCCURRED 19 21d. INJURY OCCURRE									
1	the first term of the state of	nty State								
	AT WORK AT WORK									
	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my apinian								
	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner									
	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER CONTROL STATE SIGNED									
1	SIGNATURE SYMMINED'S ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED 1/12/69									
	EXAMINER'S NAME (Type) Donald E. Fisher M.D. ADDRESS(Street, cityloud, Godiny) City, Md.									
	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City of Town) (County	y) (State)								
	BURGAL 1-16-1969 Carver Memorial Park Laurel, Prince	sea, Md.								
	24 EUNERAL DIRECTOR Soverally Rockvillen Dan AN 1 5 1969 256 REGISTRAR SOLGHAN	moreka								
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00955 00950 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE Page MARYLAND delay c. L'NGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL INSTITUTION (If not in hospital, give street address) d STREET ADDRESS haurs 213 Pinewick Road NO K alang with far Give Pages ote after death. NAME OF Middle DATE 72 DOY Year DECEASED OF an. within Type or print DEATH with 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Dovs Hours Sept. 10, 1902. WIDOWED 150 DIVORCED hours event and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life even if retired)
Housewife INDUSTRY COUNTRY? Maryland USA any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within "pending" in pendil Ballbah Deal Mary ond 1 16. SOCIAL SECURITY NO. 214-01-8319 15. WAS DECEASED EVER IN U.S. ARMED FOR CESS 17. INFORMANT permit. Br. William L. Knoche, 10334 Malcolm, Cockeysville. remayal (Yes, no or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Occ 14,5100 Dronary D IMMEDIATE CAUSE (o) writing the ward This certificate should cremation, DHE TO Conditions, if ony, which gove rise to immediate cause (a). farwarded ta DHE TO stoting the underlying couse O SD burial, 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO N the certificate. 0 99 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 shauld agent, priar EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While YOUR DIRECTOR: Page of work of work please execute designated far 21. I certify that I taak charge of the remains described obove, held an Autopsy Inspection 🔀 Inquiry X and in my opinion funeral directar. deoth resulted from: Notural causes No Accident Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 Health Address (Street, city, town, or county NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 50 STATUTE (Sprecify) 1/9/69. Lorraine Park Cemetery Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR Ochanles VR A15ME (5) DAAN 8 Leonard J. Ruck, Inc. Balto. Md. 21214

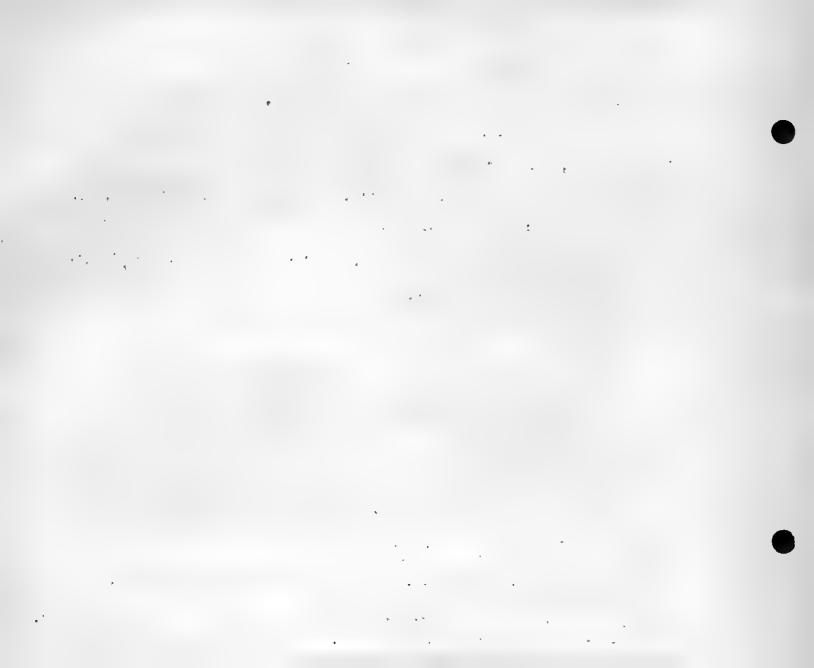
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€ -2€		CEASED NAME First	Middle		Lost	2	d. DATE OF DEATH		16	2b. HOUR
9 2 5 5 S	f :	ype or print) VIOL/	A PAULINE		LYLES		JAN	poth / Z Doy	12.59	5 75 M
章 章七章	3 51		4 RACE		S. DATE OF BIRTI		6. AG	E (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS ANN
- 26 th 3		FEMALE	NEGRO		6-23-1	910	IGST	bigigloy) YRS.	MUN185 DATS	STORICS MIN.
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fill entire	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR give street address)	1		120 USUAL O	CCUPATION (Kind	of work done	12b. KIND OF I	BUSINESS OR
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\$ 5 5 °	14 1	FATHER S NAME First	Middle Lost		IS. MOTHER'S MAID		T -	Middle	THOM	Lost A.C.
ate be		WILLIAM	***************************************	LES	7 11150511111	ANN:	I E	R.	FRUP	H.S
e death certificate be (s) otherding physician ond permit. Then please ren	190	WAS DECEASED EYER IN U.S. ARA es, no, or unknown) (II yes give v	MED FORCES? 16b. SOCIAL SECURI war or dates of service)	IYNU. I	7 INFORMANT MRS I	INET DAT	TLEV	Address		
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AN: The law re control of attending icate has been for use as the Heolift prior to	E				YES 🗆	NO SOL	CAUSES OF DE	ATH?		
÷ p at upo	ER.	210. ACCIDENT WAS UNDERLYIP		210	. HOW INJURY OCCUR	RRED (Enter no	ture of injury in Po	ort 1 or Port 2,	Item 18.)	
CLAI pital diffic of Ho	MEDICAL	or CONTRIBUTING CAUSE OF DEA!	TH HOUR A.M. Manth Day Ye	19						
PHYSICIAN e hospital of its certificat facthed for Dept of Hee	WE.	21d. IN. JRY OCCURRED 21e.	. PLACE OF INJURY (AT HOME, FARM STREET, OFFICE BUILDING, ETC.		LOCATION Street of	or R.F.D. No	City or Tov	vn	County	Stote
ING PHYSIC by the hospii frer this certi free detached State Dept of		at work of work								
ING Day there		22a I certify that (I) (th	nis hospital) attended the dece	ased from	7/13	, 1976	_, ta//	1,5,19	67 , that	(I) (wo) last
Ped le		saw the deceased a	plive an e, (I) (wo) (did) (di d not) v iew th	_19 <u>0/</u> ,	and that in (my)	(our) apinia	n death accurr	ed an the do	ite and haur	and from the
ATTER Praine CTOR: shaul		225 SIGNATURE				-	- ·	220	DATE SEGNED	-
OR De rebe re 3 ed w		Chas	les S White	er to	EGREE- PHYS	MED.	TOR STAF		DATE SIGNED	9
moy be RAL DIS page be filed		224 DHYCICIAN'S _	• • • • • • • • • • • • • • • • • • • •		22e, ADDRE	22				*
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certifical director, page 3 should be detached for should be filed with the State Dept of He		NAME (Type) HAR	LES 5 WHITT	4KER	JO (C	MRICS	VICES,	MD		
HOSP age 4 FUNE director	.23a		DATE 23c. NAME	OF CEMETERY	OR CREMATORY,	2:	3d LOCATION (City	or Town)	(Caunty)	(State)
5g 5 9 2		BURIAL 1.	-17-69 BROW	UNS C	HAPEL (EM. I	DAYTON	1 H	OWARD	MO.
VR A15	24.	EUNERAL DIRECTOR	Ina day Da	SS g	22 md 2	SO REC'D BY RI	egistrar 25 0 1969	Sb REGISTRARS	SIGNATURE	see :

MAKTLANU STATE DEPAKTMENT OF HEALTH



49-4	1	0095"	DIVISION OF	MARYLANI VITAL RECORDS, 3		DEPARTMEN RESTON STREE			ND 21201		
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funëral funëral s'i ond 2	1, D	ECEASED-NAME First	BECCA	Middle H		Lost NEVITT	20	DATE OF DEAT	H Month 7 Day	69 Year	2b. HOUR 1.845A _M
executed within 24 hours after death. decemble tell fulled in toy-the fureral emove corbon papers. Page 1 and 2	3. SI	FEMALE	4. RACE	WHITE		S. DATE OF BIRTH	2, 188	35 6 A	GE (In years it 8 sheloy) YRS.	F UNDER 1 YEAR MONTHS DAY	IF LINDER 24 HRS. HOURS MIN
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and cemo	14.	FATHERS NAME First Archiba	Johns	Last ON							
hysicore pleose	16a.	WAS DECEASED EVER IN U.S. ARM 'es no or unknown) (Il yes give w	IED FORCES? or or dates of service)	16b. SOCIAL SECURITY N		NFORMANT C. Nev	/itt	1116 D	Address arlene	,Rd.Eg	rest_
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hospital by the hospital or ottending physician. D FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon papers, should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 has should be filled with the State Dept.		IB CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSED IMMEDIA Canditions, if any, which gave use to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CON	DBY TE CAUSE (o) DUE TO, OR A (b) DUE TO, OR A	SENILITY IS A CONSEQUENCE OF		D. TUT TERMINAL DI	INFASE OBCOUNT	TOM C BYEN IN.	DART V-1	etween oi	WE INTERVAL SEP AND DEATH RS
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detoched for use as the burial-trar should be filed with the State Dept. of Health prior to burial, creasingly	CERTIFICATION			ICH OPERATION WAS PER	FORMED	20a AUTOPSY	'? NO 🔲	20b. IF YES, CAUSES OF C	WERE FINDINGS (1 DEATH?		RTIFYING
SICIAN: spital or erificate ed for u	MED CAL CES	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination)	HOUR A.M. P.M.	Month Doy Year		OW INJURY OCCURI					
G PHY the hor this ce detoch detoch	M	While Not while		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.				City or To		County	State
TENDING Inned by OR: After ould be		22o. I certify that (I) (the sow the deceased of couses stated above	s hospital) atta live on AN , (I) (we) (did)	inded the decease (did not) view the b	ady ofter	d that in (my) death.	, 19 <u>7</u> (our) opinior	n deoth occur	rred on the do	te ond hour	(I) (we) last and from the
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FOR STATE	Ĺ	*	(1095) MEDICAL EXAMINER'S CERTIFICATE OF DEATH									00954					
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INER: Te certifice should be files.	MEDICAL	CAUSE OF DEAT	Ή		P.M.	19											
	¥	21d INJURY OC		LACE OF INJURY lary, office build	(At home, form,	street,	21f. LOCATION S	treet or R.F.D. No).	City or 1	Tawn	Caunty	State				
XAM tre free free free free free free free f		AT WORK	AT WORK	or I'v Grinca Domo													
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O DEPUTY necessary, p the funeral S may be re o ILINERAL Heolth pria		EXAMINER'S NAME (Type)	Thomas	FI	Herbe	rt M.	D	ADDRESS(Stree)						
TO DEPL necessa the fun 5 moy TO ILUNE Health	230	BURIAL, CREMA		DATE	4	AME OF CEMETER	Y OR CREMATOR			LOCATION (C		(Caunty)	(State)				
		REMOVAL (Spec	ify)		20.						,		(5 0.0)				
	24	hurial FUNERAL DIRECT	OR	/17/69		Good SI	<u>epmerd</u>	2So REC	D BY REG	STRAR	t City	CHUNANIRI	-				
VR A15ME (5)			thom Sla	ck E	llicott	City, M	d.	ALA	122	1969	25b ALOIS RAIR	1					
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1	It	ems 18&22a Film 410 MARYLAND STATE DEPARTMENT OF HEALTH 19-69 amsDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00955
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Mont	th Day Year 2b. HOUR
3 to Poge ent af	-	RANDOLPH SKIPPER DEATH MATED	1 15 19 699:00
deloy and 3 M3. Poc tment	3. 5	last highland MONTHS DAVE MONTHS MAIN	2d. HOUR
y dek		Male White Jan. 11,1969 - YRS. 4 January	15 Year 19 69 9:00
-57	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Tell for		WIDOWED HOWARD HOWARD	M
Poges inth-form	10. (ITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work dan during most of working life, even if retired	
we was with		Ellicott City Box 8456 Horseshoe Rd.	7 11800 3181
hours after deoth fem 18. Give Pages 1, Office along with form and a with form ond with the State Device deoth.		USUAL RESIDENCE (Where deceased lived/if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY 13d. STATE 13b. COUNTY 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY UMITS?	
		Md. V Howard Ellicott Box 6436 Ho	rseshoe Rd.
Hem Office	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	DSKAPPEN
hin 24 ncil in niner's poges hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 14b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS.	Tava h
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT	ery, md.
J with pe Exam File n 72		NO home Viete regn	APPROXIMATE INTERVAL
should be executed e word "pending" in the Chief Medical E. urial-transit permit. F in ony event within		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Congenital heart disease	BETWEEN ONSET AND DEATH
be execute "pending" ief Medico insit permit		7469 IMMEDIATE CAUSE (a)	
per l'per l'insit		Conditions, if any, which gave	
Chi Chi		rise to immediate cause (a), (b) storting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per to the Chief ! buriol-transit		last.	
certificate should writing the word arworded to the C. used os o buriol-tr novol, ond in ony		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1
is certificate to, writing the forworded to used as a be used os a removal, and	~		
vertil orwor used movo	ATIOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	CERTIFICATION	WAS PERFORMED?	YES: NO
1 200		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2	2, Item 1B.)
INER: T e certific should b files. 3 should ortion, an	MEDICAL	CAUSE OF DEATH P.M. 19	
SICAL EXAMINER: se execute the certification. Poge 4 should ned for your files. ECTOR: Poge 3 should buriel, cremotion,	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. Na. City or Town	County State
		AT WORK LI AT WORK	
DEPUTY DICAL E	-	22o. I certify that I took charge of the remains described above, held an Autapsy (XX), Inspection , Inquiry	ond in my opinion
director. director. etained DIRECTOR		death resulted fram: Natural causes 🔼 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined mann	er 🔲
y, pleose rol directive retaine retaine prior to b		ACTUAL SUM THE MEDICAL EXAMINER 1	Sept. 1 4 7 7
Y, P		SIGNATURE ASSISTANT MEDICAL EXAMINER LAX	ATE SIGNED
SSOIT FUNDER THE		EARMINERS	15/69
o DEPUTY the funeral 5 may be in 0 FUNERAL Health print	22	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county) BURIAL CREMATION, 23b. DATE 12s. NAME OF CEMETERY OR CREMATORY 12sd. LOCATION (City or Town)	War and a second
07 a # 2 0 H	230	BEMOVAL (Specify) 1 1-11-10 0 1 1-11-11 TELL	(County) (State)
A	24.	EUNERAL DIRECTOR ADDRESS 250. RECURRA OCCUSA. RECURRA OCCUSA	PSALANUS MARIE
VR A15ME (5)	H	ginbothno-Slack & Meet Elicett Ely md DATE JAN 22 1965	9
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FOR STATE	1/	17/69 ld	0096	- MEDIC	AL EXAMIN	ER'S CERT	IFICATE	OF DE	ATH			0	0956	
HEALTH DEPT.		CEASED-NAME ype or Print)	First ROBE		Middle LEE		Lost	ens, J	r.	20. DATE KN OF ES DEATH MA	STI	lonth Do	Yeor 169	26. HOU
M3. Pag	3. SE		. RACE	S. DATE OF BIL	, 1	ast birthday) MOI	F UNDER 1 YEAR ITHS DAYS	IF UNDER 24	HRS MIN.	2c. DATE PRO Month	NOUNCED DE		Venr	2d. HOU
form P	7o, B	IRTHPLACE (Stote	land	76. CITIZEN OF WA		WIDOWED		DRCED 120. US	UAL OCC	Janu ITY OF DEATI	HOT	VARD	19 69	Ñ
Give I Give I ang w th the	Vi	ression) STATE	M.D	ed lived, if institution 13b. COUNTY	HOWARD	JESSU	P/	YES NO	MITS?	working life, LE POY 13e. STREET A PERKI	ND NUMBER	Box	oustry 230 A OSP/I/TAI	
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EXAMINER: ute the certif oge 4 should your files. Page 3 shoult,	DICAL	PRIMARY OR CAUSE OF DEATH 21d. INJURY OCCU WHILE NOT AT WORK AT	CONTRIBUTING [RRED 21e, I WHILE for	HOUR A. P. PLACE OF INJURY (ctory, office building	M. 1 home, form, streeting, etc.)	9 21f. LC	OW INJURY OC	or R.F.D. No.		City or T	own	1	County	State
EPUTY DI Issary, please funeral direct oy be retaine INERAL DIRE			lited fram:	Natural cau	he remains descrise X, Accide	ent [], Su	icide, CHIIM.D. ASSI	Homicide EF MEDICAL E ISTANT MEDIC UTY MEDICAL	XAMINER CAL EXAM	NINER (X)	nined ma	DATE SIG	and in m	
10 b nece the 5 m TO FU		BURIAL, CREMATIC REMOVAL (Specify Burial	1	DATE /11/69	Glen	of CEMETERY OR Haven	CREMATORY	Pk.	23d. G1	LOCATION (Cit	irnie	Mo	1.	tote)
VR A15ME (5)	24.	JOHN F		Y, INC		ight S	t.	2So. REC'D			25b. REGIST	RAR'S SIG		

MARYLAND STATE DEPARTMENT OF HEALTH

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